

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="border-bottom: 1px solid black; text-align: center;">2000071</div>	FILING DATE					
							APPLICANT(S)						
<b>CLAIMS</b>													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
8	1						58						
9		1					59						
10		1					60						
11		1					61						
12		1					62						
13		1					63						
14		2					64						
15		2					65						
16	1						66						
17		1					67						
18		1					68						
19	1						69						
20		1					70						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	41	↓	↓	↓	↓	↓	TOTAL IND.	↓	↓	↓	↓	↓	↓
TOTAL DEP.	26	↓	↓	↓	↓	↓	TOTAL DEP.	↓	↓	↓	↓	↓	↓
TOTAL CLAIMS	67	↓	↓	↓	↓	↓	TOTAL CLAIMS	↓	↓	↓	↓	↓	↓